

CHILD CARE SUBSIDY ORIENTATION



CHILDREN'S DIVISON
EARLY CHILDHOOD AND PREVENTION SERVICES
Revised September, 2009

IMPORTANT INFOMRATION

Providers should read the Missouri Child Care Provider Reference Guide before continuing with this training.





I see a career in child care for you!

Legal Child Care in Missouri

- ·The difference between
 - Licensed (Contracted)
 - License Exempt (Registered)

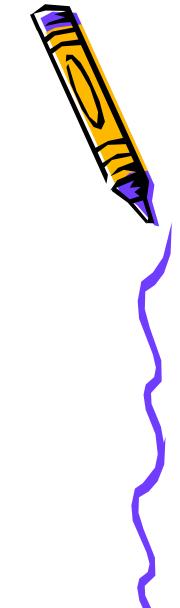


Receiving Subsidy Payment in Missouri

- The difference between
 - Contracting, and
 - Registering as payment agreements with DSS

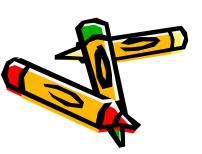
Tax Information





HOW DO I GET PAID?

- Parent is eligible for child care subsidy;
- Parent chooses a child care provider;
- Provider signs agreement;
- Child is authorized for care with DSS Compliant Provider;
- Provider receives a letter authorizing DSS subsidy payment.



JULY 2008 CHILD CARE FAMILY ELIGIBILITY INCOME GUIDELINES AND SLIDING FEE CHART SLIDING FEE CHART DAILY COST PER NUMBER OF PERSONS PER CHILD CARE FAMILY CHILD IN CARE 2 1 5 6 8 9 10 **FULL** HALF PART 4 7 DAY DAY DAY 0-4170-5450-6740-802 0-930 0-1058 0-1082 0-1106 0-1130 0 - 1154\$1.00 Per Year* 418-500 675-808 1107-1328 1155-1385 \$0.50 \$0.35 546-654 931-1116 \$0.25 803-962 1059-1270 1083-1299 1131-1356 1329-1549 501-583 655-763 809-943 963-1122 1117-1302 1271-1482 1300-1515 1357-1582 1386-1616 \$0.75 \$0.50 \$0.35 584-667 1516-1732 1550-1770 1583-1808 1617-1847 \$1.00 764-872 944-1078 1123-1283 1303-1488 1483-1693 \$0.65 \$0.45 1733-1948 1809-2034 668-750 873-981 1079-1212 1284-1443 1489-1674 1694-1905 1771-1991 1848-2078 \$2.00 \$1.30 \$0.90 1949-2165 1992-2213 2035-2261 2079-2309 \$3.00 \$1.95 \$1.35 2117 2214-2434 2262-2487 \$1.80 2166-2381 2310-2539 \$4.00 \$2.60 2328 2382-3026 2435-3095 2488-3162 2540-3228 \$5.00 \$3.25 \$2,25 2960 17 18 19 20 **FULL** HALF PART 16 14 11 12 13 15 DAY DAY DAY 0-1203 0-1251 0-1275 0-1299 0-1323 0-1347 0-1371 0-1395 Per Year* 0-1179 0 - 1227\$1.00 1180-1414 1204-1443 1252-1501 1276-1529 1300-1559 1324-1587 1348-1616 1372-1645 1396-1674 \$0.50 \$0.35 \$0.25 1228-1472 \$0.75 1415-1650 1444-1684 1473-1717 1502-1751 1530-1784 1560-1818 1588-1852 1617-1885 1646-1919 1675-1953 \$0.50 \$0.35 1651-1886 1685-1924 1718-1962 1752-2001 1785-2039 1819-2078 1853-2116 1886-2155 1920-2193 1954-2232 \$1.00 \$0.65 \$0.45 1887-2121 1925-2165 1963-2208 2002-2251 2040-2294 2079-2338 2117-2381 2156-2424 2194-2467 2233-2511 \$0.90 \$2.00 \$1.30 2252-2501 2295-2549 2425-2694 2122-2357 2166-2405 2209-2453 2339-2598 2382-2646 2468-2742 2512-2790 \$3.00 \$1.95 \$1.35 2358-2593 2454-2698 2502-2751 2550-2804 2599-2857 2647-2910 2695-2963 2743-3016 \$2.60 \$1.80 2406-2646 2791-3068 \$4.00 \$2.25 2594-3295 2647-3364 2699-3431 2752-3498 2805-3566 2858-3633 2911-3700 2964-3766 3017-3835 3069-3901 \$5.00 \$3.25

*FAMILIES AT THE LOWEST INCOME LEVEL SHALL PAY \$1.00 PER YEAR WITH CONSTITUTES THE PERIODIC PAYMENT FOR THE ELIGIBILITY PERIOD

IM-4 CC ATTACHMENT

REVISED MAY 2008.

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FAMILIES WITH INCOMES HIGHER THAN THIS SCALE ARE INELIGIBLE FOR CHILD CARE ASSISTANCE

AUTHORIZATION APPROVAL LETTER

STATE OF MISSOURI DEPARTMENT OF SOCIAL SERVICES

Provider information including
Departmental Vendor Number (DVN)

0012345678 123456 MY CHILD CARE 1 DAYCARE LANE ANYTOWN MO 55555-1234

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE	Page 01	Date 08/24/2007	
MY CHILD CARE	JBAC YAO	0012345678	

The children listed below are eligible for child care at your facility. Dates of service and restrictions are listed below.

Child's information, including:

- •Name and
 Special Needs
 indicator;
- Departmental Client Number (DCN);
- Authorization begin and end dates.

Information on other children in this child care eligibility unit

Sliding fee amounts for each child are listed below. Sliding fee amounts are based on household's size and income. If the sliding fee amount listed below is \$0.00, the household's required sliding fee amount is actually \$1.00 per year. The parent is required to pay the sliding fee amount as a condition of eligibility for child care benefits.

Sliding fee amounts do not apply to children with defined special needs.

CHILD NAME DCN
CHILD SUBSIDY
Special Needs: N

BEGIN DATE: 08/27/2007 END DATE: 11/30/2007

22 FULL DAY UNIT PER MONTH
00 HALF DAY UNIT PER MONTH
00 PART DAY UNIT PER MONTH
00 PART EVENING UNIT PER MONTH
00 PART EVENING UNIT PER MONTH

SLIDING FEE/DAY: FULL HALF PART BEGIN DATE END DATE \$0.00 \$0.00 \$0.00 08/27/2007 08/31/2007 \$1.00 \$0.65 \$0.45 09/01/2007 11/30/2007

0123456789

SECOND CHILD SUBSIDY Special Needs: N

BEGIN DATE: 08/27/2007 END DATE: 11/30/2007

22 FULL DAY UNIT PER MONTH OO FULL EVENING UNIT PER MONTH OO HALF DAY UNIT PER MONTH OO PART DAY UNIT PER MONTH OO PART DAY UNIT PER MONTH OO PART EVENING UNIT PER MONTH

\$\text{SLIDING FEE/DAY: FULL} & HALF & PART & BEGIN DATE & END DATE & \$0.00 & \$0.00 & 08/27/2007 & 08/31/2007 & \$1.00 & \$0.65 & \$0.45 & 09/01/2007 & 11/30/2007 & \$0.00 & \$0.0

Child's authorization information:

22 Full
Daytime Units
per Month

Parent's sliding fee information:

\$1.00 per full day for 22 days per month (\$22.00) beginning 09/01/2007.

Zero sliding fee from 08/27/07 through 08/31/07.

The parent is responsible to pay for child care costs which exceed the state maximum plus any sliding fee.

If the provider charges less than the state maximum, the state will only pay the provider rates less the sliding fee rate.

FA-155 (06

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE	Page 02	Date 08/24/2007
Provider: MY CHILD CARE		DVN 0012345678

The family is responsible for the sliding fee portion of the rate.

The Family Support Division will not pay for any services billed during a period of time during which a provider's license, contract, or registration is not valid.

In order to receive payment from the Family Support Division, you must send us child care invoices on a monthly basis. You must sign the invoices. Certain providers must also send in attendance sheets which track the hours and days when care was provided. The attendance sheets must be signed on a daily basis by the parent.

If you have any questions or require further information, please contact your local Family Support Division office at the number listed below:



Eligibility Specialist to contact if you have questions regarding this child's authorization



STATE OF MISSOURI DEPARTMENT OF SOCIAL SERVICES

Information on all children in the Child Care eligibility unit whose authorizations have been closed:

• Children's names

· Children's dcn's-

CHILD AUTHORIZATION CLOSING LETTER

0012345678 123456 MY CHILD CARE 1 DAYCARE LANE ANYTOWN MO 55555-1234

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE Page 01

Provider
MY CHILD CARE

Date 08/31/2007

DNN 0012345678

The authorization(s) for the following individual(s) ended on the dates listed. No absences or holidays may be claimed for any day after the child left your care.

CHILD NAME CHILD A CLOSED CHILD B CLOSED

DCN 1111111111 2222222222 END DATE 09/01/2007 09/01/2007

If you have any questions or require further information, please contact your local Family Support Division office at the number listed below:

SALLY SPECIALIST

(555)555-5555

Children's
Authorization
end date:

This is the last day you will be paid by DSS for providing child care services to these children

FA-155 (06-03)



0012345678 123456 MY CHILD CARE 1 DAYCARE LANE ANYTOWN MO 55555-1234

NOTIFICATION OF SLIDING FEE CHANGE

END DATE

12/31/2007

Child's information, including:

Name and Special Needs indicator

· DCN

Authorization begin and end dates

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE 08/13/2007 Page 01 MY CHILD CARE 0012345678 Child care sliding fees changed for the following child(ren) based on a change in income, household size and/or special needs. CHILD NAME SLIDING FEE EXAMPLE 005555555 Special Needs: N BEGIN DATE: 09/01/2007 END DATE: 12/31/2007 23 FULL DAY UNIT PER MONTH OO FULL EVENING UNIT PER MONTH 00 HALF DAY UNIT PER MONTH OO HALF EVENING UNIT PER MONTH 00 PART DAY UNIT PER MONTH 00 PART EVENING UNIT PER MONTH

The parent is responsible to pay for child care costs which exceed the state maximum plus any sliding fee.

PART

\$2.25

If the provider charges less than the state maximum, the state will only pay the provider rates less the sliding fee rate.

BEGIN DATE

09/01/2007

The family is responsible for the sliding fee portion of the rate.

HALF

\$3.25

The Family Support Division will not pay for any services billed during a period of time during which a provider's license, contract, or registration is not valid.

In order to receive payment from the Family Support Division, you must send us child care invoices on a monthly basis. You must sign the invoices. Certain providers must also send in attendance sheets which track the hours and days when care was provided. The attendance sheets must be signed on a daily basis by the parent.

If you have any questions or require further information, please contact your local Family Support Division office at the number listed below:

SALLY SPECIALIST

SLIDING FEE/DAY: FULL

\$5.00

(555)555-5555

Parent's sliding fee information:

Child's authorization

information:

23 Full Daytime

Units per Month.

\$5.00 per full time day for 23 days per month (\$115) beginning 09/01/07 through 12/31/07.

WHEN DO I GET PAID?

RECORD KEEPING AND INVOICING

·CHILD CARE ATTENDANCE RECORDS (CS-109)

·CHILD CARE INVOICE (FA-581)

•TAX FORM 1099





MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT AND CHILDREN'S DIVISION CHILD ATTENDANCE RECORD BY FAMILY UNIT

PROVIDER NAME
PROVIDER VENDOR NUMBER

PROVIDER TELEPHONE NUMBER

INSTRUCTIONS: Please list the parent or designee's name and address in the top lines as labeled. List the child's name in the first column. If there is another child in this family unit for which you provide care, list the other child in the remaining column. Use only one column per child. Use another Child Attendance Record form for additional children in this same family unit. THE PARENT/DESIGNEE RECORDS THE CHILD'S TIME IN AND OUT OF YOUR FACILITY ON A DAILY BASIS. YOU AND THE PARENT/DESIGNEE MUST SIGN THIS FORM PRIOR TO SUBMITTING IT TO FSD/CD. The parent/designee's initials are required daily. The parent/designee signature and your signature are required on each form monthly. Staple these attendance records to your invoice when submitting to FSD/CD for payment. Please include your name or business name, your provider number and phone number of the top of each form.

your name or business name, your provider number and	d phone number of the top of each form.
PARENT OR DESIGNEE NAME	PARENT SOCIAL SECURITY NUMBER
PARENT OR DESIGNEE ADDRESS	

PARENT OR DESIGNEE TELEPHONE NUMBER

MONTH/YEAR	CHILD #1 (FIRS	T NAME, LAST NAM	ME)		PARENT/ DESIGNEE	CHILD #2 (FIRS	ST NAME, LAST NAM	ME)		PARENT/ DESIGNEE
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	MUST INITIAL EACH DAY OF CARE	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	MUST INITIAL EACH DAY OF CARE
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I certify that the hours and days of care listed above were provided to the above named child/ren.

PARENT/DESIGNEE SIGNATURE

CHILD CARE PROVIDER SIGNATURE

Provider: Use this form to track times and days of care on a daily basis. This form is designed to assist you in completing your monthly invoice from FSD/CD. Attach this form to your completed invoice and return it to the FSD/CD office listed at the top of your invoice. You are required to keep a copy of this form for your records and to make it available for review for five (5) years.



MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT AND CHILDREN'S DIVISION

CHILD ATTENDANCE RECORD BY FAMILY UNIT

PROVIDER NAME MY CHILD CARE BUSINESS PROVIDER VENDOR NUMBER 001234567 PROVIDER TELEPHONE NUMBER

INSTRUCTIONS: Please list the parent or designee's name and address in the top lines as labeled. List the child's name in the first column. If there is another child in this family unit for which you provide care, list the other child in the remaining column. Use only one column per child. Use another Child Attendance Record form for additional children in this same family unit. THE PARENT/DESIGNEE RECORDS THE CHILD'S TIME IN AND OUT OF YOUR FACILITY ON A DAILY BASIS. YOU AND THE PARENT/DESIGNEE MUST SIGN THIS FORM PRIOR TO SUBMITTING IT TO FSD/CD. The parent/designee's initials are required daily. The parent/designee signature and your signature are required on each form monthly. Staple these attendance records to your invoice when submitting to FSD/CD for payment. Please include your name or business name, your provider number and phone number of the top of each form.

PARENT OR DESIGNEE NAME MARY POPPINS

PARENT SOCIAL SECURITY NUMBER

123-45-6789

314-555-1234

PARENT OR DESIGNEE ADDRESS

123 N MAIN ST; ANTTOWN, MO 65555

PARENT OR DESIGNEE TELEPHONE NUMBER

03/2007	CHILD #1 (FIRS	ST NAME, LAST NAM P PIJN S	ME)		PARENT/ DESIGNEE	CHILD #2 (FIRS	PARENT/ DESIGNEE			
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	MUST INITIAL EACH DAY OF CARE	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	MUST INITIAL EACH DAY OF CARE
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I certify that the hours and days of care listed above were provided to the above named child/ren.

PARENT/DESIGNEE SIGNATURE

CHILD CARE PROVIDER SIGNATURE My Childcare Business

Mary Poppins

Provider: Use this form to track times and days of care on a daily basis. This form is designed to assist you in completing your monthly invoice from FSD/CD. Attach this form to your completed invoice and return it to the FSD/CD office listed at the top of your invoice. You are required to keep a copy of this form for your records and to make it available for review for five (5) years.



CHILD CARE INVOICE **EXAMPLE FORM**



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RETURN TO:

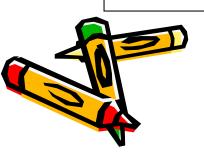
ADDRESS OF THE DSS OFFICE WHERE YOU NEED TO RETURN YOUR INVOICE ONCE YOU HAVE COMPLETED IT

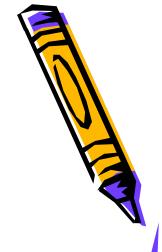
> RETURN TO: ST LOUIS COUNTY FSD - JENNINGS 8501 LUCAS AND HUNT RD STE 110 SAINT LOUIS MO 63136-1450



STATE OF MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION

COMPUTER GENERATED
IDENTIFYING
INFORMATION ABOUT
THE CHILD CARE PROVIDER





SERVICE MONTH: This is the month that child care was provided. RETURN BY: The date STATE MAXIMUM the invoice should be REIMBURSEMENT returned to the address at INVOICE DATE: The date the RATES: These are the the top of the invoice. invoice was printed. INVOICE NUMBER: The number maximum rates that assigned to this invoice. the state will pay you. Rates are PROVIDER NUMBER: The RATE ENHANCEMENTS: CONTRACT NUMBER: If you determined by your number assigned to you by This field shows your are licensed and have a facility type, child's the state to identify you as elgibility for increased contract with the state, this is level of care, and the child care provider rates. vour contract number. your location. INVOICE INVOICE D2006115010000001 CHILD CARE VENDOR INVOICE SERVICE 09/20/2005 SEP'T 2005 HOLIDAYS CLAIMED PETURN BY 10/10/2005 PROVIDER \ 001234567 CONTRACT ACRD DC123456 STATE MAXIMUM REIMBURSEMENT RATE IN YOUR AREA FOR CHILD CARE FAMILY DAYTIME **EVENING/WEEKEND** FULL-DAY HALF-DAY PART-DAY FULL-DAY HALF-DAY PART-DAY INFANT INFANT \$15.00 \$ 9.75 \$ 5.00 \$17.25 \$11.21 \$ 5.75 PRESCHOOL \$13.00 \$ 8.00 \$ 5.00 PRESCHOOL \$14.95 \$ 9.20 \$ 5.75 SCHOOL-AGE \$12.00 \$ 8.00 2 5.00 SCHOOL-AGE \$13.80 \$ 9.20 \$ 5.75 CHILD'S EUGIBILITY CHILD SUBSIDY ENDS PAYMENT RATES FOR THIS CHILD **CORY POPPINS** CHILD DAY: F23/H00/P00 \$13.00 H \$ 8.00 P DAY: \$ 5.00 10/31/2005 0012345678 EW : F00/H00/P00 \$14.95 H . \$ 9.20 P \$ 5.75 DCN 1 2 3 4 /8 6 7 8 9 10 11 12 19 14 18 18 17 16 19 20 21 22 23 24 25 26 27 28 29 30 21 Ft. HF C.PTS: DAY CHILD SUBSIDY ENDS: The date that state payment DCN: Child's ends for care of this child. CHILD'S ELIGIBILITY: The number of times per Departmental Client Number month that this child is eligible for state paid PAYMENT RATES FOR THIS services. CHILD: Daily rates that we pay you for the time child is in your DAY: Daytime care during the hours of 6:00a.m. care. These rates do not to 7:00p.m. include the sliding fee amount that you must collect from the EW: Evening/Weekend care during the hours of parent. 7:00p.m. to 6:00a.m.

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These boxes are where you will enter the days you provided care. You will need to enter:

F for Full time days;

H for Half time days; or,

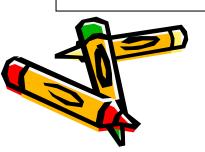
P for Part time days

You will need to enter your days in the line for either **Day** when the child is authorized for daytime care or **EW** when the child is authorized for Evening/Weekend care.

If the child is absent, enter an X in that day.

If you are closed on a day the child is expected to be there, enter a V for vacation or holiday in that day.

Here is where you will total the days. Keep in mind to enter any vacation/holidays and/or absences that may have occurred during the month.



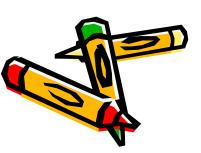
CERTIFY THAT I, AS AN INDIVIDUAL OR AGENT OF THE CHILD CARE FACILITY, PROVIDED SERVICE TO THE CHILDREN LISTED ABOVE. PROVIDER SIGNATURE/TITLE DATE 🔻 DATE LOCAL FSD DESIGNEE SIGNATURE PLEASE COPY THIS BILLING INVOICE FOR YOUR RECORDS AND RETURN THE ORIGINAL TO THE FAMILY SUPPORT DIVISION OFFICE SHOWN ABOVE.

FOR ASSISTANCE YOU MAY CALL (314)877-2470 .

0001093

EA-581 (10-03)

Remember to sign and date the invoice before you return it to the DSS office. The invoice is a single page form, so you need to make a copy of the form for your records.



AT THE END OF EACH CALENDAR YEAR, YOU WILL RECEIVE A TAX FORM THAT REPORTS YOUR TOTAL INCOME RECEIVED FROM DSS FOR STATE SUBSIDIZED CHILD CARE

AS A CHILD CARE PROVIDER:

- YOU ARE NOT AN EMPLOYEE OF THE STATE OF MISSOURI;
- YOU ARE RESPONSIBLE FOR FILING YOUR OWN STATE AND FEDERAL INCOME TAX RETURNS;
- · YOU WILL RECEIVE TAX FORM 1099 WHICH REPORTS YOUR EARNINGS FROM DSS.



Sample Tax Form

1099



RETURN UNDELIVERABLE MAIL TO:
DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION/EARLY CHILDHOOD AND PREVENTION SERVICES SECTION
P.O. BOX 88
JEFFERSON CITY, MO 65102-0088

CHILD CARE PROVIDER NAME CHILD CARE PROVIDER ADDRESS CITY, STATE, ZIP CODE

2005 FORM 1099-MISC MISCELLANEOUS INCOME OMB NO. 1545-0115
YOUR CHILD CARE PROVIDER TAX ID/SSN: 123-45-6789 YOUR CHILDCARE VENDOR NUMBER: 001234567

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.

\$.00 \$.00 NON EMPLOYEE COMPENSATION \$23,456.78 \$.00

Instructions to Recipients

The amount shown on this form may be subject to self-employment tax. If your net income is \$400 or more, you must file a return and compute your self-employment tax on Schedule SE (Form 1040). See Publication 533, Self-Employment Tax for more information. If no income, Social Security and Medicare taxes were withheld, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on Form 1040, as explained below. For corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.

Box 7: This box shows non-employee compensation. Payments reported in this box are income from self-employment. Report this income on Schedule C, C-EZ, or F (Form 1040) and complete Schedule SE (Form 1040).

The amount shown in this box represents payments made to you from the Department of Social Services for child care services. You received these payments in the months of January 2005 through December 2005. Income on this form is counted because it was received within the 2005 tax year. If you provided child care services in December 2004, you were paid in the 2005 tax year. This payment is included in Box 7.

You received this form because you are considered self-employed and not an employee of the Department. Income reported on this form is based on child care invoices you submitted to the Department for child care services that you provided at the request of eligible families. The amount shown above represents a total of all payments made to you in 2005. The Department did not withhold Social Security or Medicare taxes on your behalf. Contact the IRS for information about how to report any Social Security or Medicare taxes.

If you believe the amount shown in Box 7 is incorrect, you must send an explanation and proof of the correct payment amount. We will compare the payment information that you send to us with our records of payments made to you in the months of January through December 2005.

If your tax identification number or payee name is in error, send proof of the correct name and/or number to:

Missouri Department of Social Services Children's Division/Early Childhood Section 1099 Correction P. O. Box 88 Jefferson City, MO 65102-0088 573-522-1385 DSS FEDERAL EIN: 43-1754897



CHILD CARE RESOURCES

- ACCREDITATION
- · SUE GRANTS
- MOCCRRN
- · EDUCARE
- LICENSURE-http://www.dhss.mo.gov
- · CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

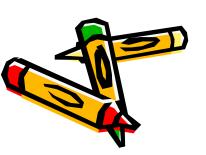




CHILD ABUSE/NEGLECT (CA/N) INFORMATION

 For information on Child Abuse and Neglect go to: http://www.dss.mo.gov/cd/pdf/guidelines

can reports.pdf to review Guidelines for Mandated Reports of Child Abuse and Neglect.



Course Completion

 Thank you for completing Subsidy Orientation Training. In order to receive confirmation for training completion click on the Exit link and follow the instructions.

<u>EXIT</u>

